

HEALTH CARE UNIT  
PATIENT INFORMATION SLIP

*E.A. Stulin*

INSTITUTION

*Reed, Ernest Jr.*

NAME

*112914*

NUMBER

*W/m*

R/S

Lay-in for \_\_\_\_\_ days from \_\_\_\_\_ to \_\_\_\_\_

(date)

due to \_\_\_\_\_

Inmate's Name: \_\_\_\_\_

(date)

Date of Birth: \_\_\_\_\_

Date: \_\_\_\_\_

This is to certify that \_\_\_\_\_

custody at the \_\_\_\_\_

accept the following \_\_\_\_\_

I acknowledge that \_\_\_\_\_  
involved in refusing the \_\_\_\_\_  
personnel, Prison Heal \_\_\_\_\_  
action/refusal and I pe \_\_\_\_\_

Instructions: \_\_\_\_\_

*6 mo. 2/4/04 - 8/4/04*

**Failure to follow the directions above may result in a disciplinary.**

*Ref*

Date Issued

*Ernest Reed*

Signature

F-53

(Witness)

(Witness)

\*\*A refusal by the inmate to sign requires the signature of at least one witness in addition to that of the medical staff member.



PRISON  
HEALTH  
SERVICES  
CORPORATED

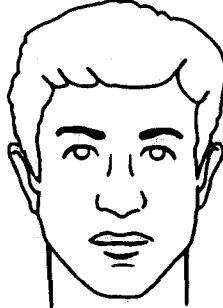
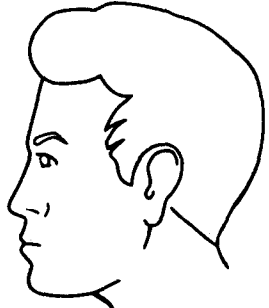
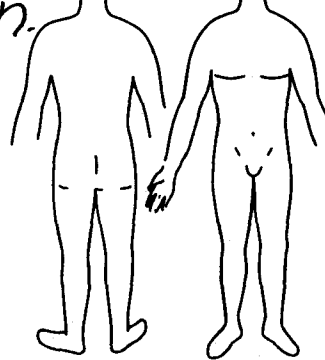


# EMERGENCY

ADMISSION DATE 6/24/05		TIME 9:15 AM	ORIGINATING FACILITY ECF		<input type="checkbox"/> SICK CALL <input type="checkbox"/> EMERGENCY <input type="checkbox"/> OUTPATIENT	
ALLERGIES NKA			CONDITION ON ADMISSION <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA			
VITAL SIGNS: TEMP 99.0		ORAL RECTAL	RESP. 20	PULSE 110	B/P 110/80	RECHECK IF SYSTOLIC <100> 50
NATURE OF INJURY OR ILLNESS S u DOC BODY CHART u O- ALOC 8. Escorted to HCU in handcuffs. Skin warm/dry. Resp even let unlabored. Reports to this nurse that during a fight to another inmate, he hit this ear on a bench. Abrasion to (R) earlobe noted. Bluish-red discoloration noted to tip of nose let (L) side of nostril. No further injuries noted. Inmate denies further injuries. A- DOC BODY CHART			ABRASION ///   CONTUSION #   BURN xx FRACTURE Z   LACERATION / SUTURES			
PHYSICAL EXAMINATION P- Clean abrasion to saline, apply dry drsg. Instructed inmate to keep abrasion dry & clean. Release to DOC						
<del>DIAGNOSIS</del> <del>INSTRUCTIONS TO PATIENT</del>			ORDERS / MEDICATIONS / IV FLUIDS   TIME   BY			
CHARGE DATE 6/24/05		TIME 9:25 AM	RELEASE / TRANSFERRED TO DOC		CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL	
NURSE'S SIGNATURE J. Cherry, LPN		DATE 6/24/05	PHYSICIAN'S SIGNATURE [Signature]		DATE 6/27/05	
INMATE NAME (LAST, FIRST, MIDDLE) Reed, Ernest			DOC# 111914	DOB 11/23/55	R/S W/M	FAC. ECF



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## EMERGENCY

ADMISSION DATE 4 / 15 / 05		TIME 8:30 AM	ORIGINATING FACILITY Easterling		<input checked="" type="checkbox"/> SICK CALL <input type="checkbox"/> EMERGENCY <input type="checkbox"/> OUTPATIENT	
ALLERGIES NKDA			CONDITION ON ADMISSION <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA			
VITAL SIGNS: TEMP 98.7		ORAL RECTAL	RESP. 20	PULSE 80	B/P 122/70	RECHECK IF SYSTOLIC <100> 50
NATURE OF INJURY OR ILLNESS S" I feel like I have the flu. I have a bad headache."			ABRASION ///   CONTUSION #   BURN xx   FRACTURE Z   LACERATION / SUTURES			
O- W/m to HCU. Alert et oriented x3. Skin warm wet dry to touch. Resp even et unlabored. No headache. @ nasal drainage. @ nasal congestion. No swelling or redness to ears or throat.			  PROFILE RIGHT OR LEFT			
PHYSICAL EXAMINATION No acute distress noted.			   RIGHT OR LEFT			
A-act in comfort			ORDERS / MEDICATIONS / IV FLUIDS			
P- See orders Increase fluids as tolerated			Tylenol / gram B/D x 7 days CTM ÷ BID x 7 days Sudafed ÷ BID x 7 days V.O. Darbauge / Mottipm			
DIAGNOSIS			TIME   BY			
INSTRUCTIONS TO PATIENT No above.			CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL			
CHARGE DATE 4 / 15 / 05		TIME 8:30 AM	RELEASE / TRANSFERRED TO		DATE 4/18/05	
NURSE'S SIGNATURE Mottipm		DATE 4/15/05	PHYSICIAN'S SIGNATURE		CONSULTATION	
PATIENT NAME (LAST, FIRST, MIDDLE) Reed Earnest			DOC# 111914	DOB 11-23-55	R/S W/m	FAC. ECF



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# EMERGENCY

ADMISSION DATE <b>9/27/04</b>		TIME <b>440</b> <b>AM</b>	ORIGINATING FACILITY <b>ECF</b>		<input checked="" type="checkbox"/> SICK CALL <input type="checkbox"/> EMERGENCY <input type="checkbox"/> OUTPATIENT	
ALLERGIES <b>NKPA WT 205</b>			CONDITION ON ADMISSION <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA			
VITAL SIGNS: TEMP <b>97.4</b>		ORAL RECTAL	RESP. <b>20</b>	PULSE <b>76</b>	B/P <b>120/60</b>	RECHECK IF SYSTOLIC <100> 50
NATURE OF INJURY OR ILLNESS <b>S-I I woke up last night with a fever and sore throat. Sneezing, Coughing, nasal congestion.</b>  <b>D-w/m C/O X3. Skin warm et dry to touch. Resp even et unlabored. Bilateral lung sounds clear. C/O Coughing, Sore throat when swallowing. Nasal congestion.</b>			ABRASION /// CONTUSION # BURN <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> FRACTURE <input checked="" type="checkbox"/> LACERATION / SUTURES <input checked="" type="checkbox"/>			
PHYSICAL EXAMINATION <b>Slight redness noted to throat. Swelling of glands in neck. No acute distress noted.</b>						
<b>A-act in comfort</b>  			ORDERS / MEDICATIONS / IV FLUIDS <b><del>Symol 1gram BID X 5 days</del> error</b> <b>Sudafed 60mg ÷ BID X 3 days</b> <b>Motrin 600mg ÷ BID X 5 days</b> <b>Glutass Syrup 2 tsp BID X 3 days</b> <b>VoDr. Donbunge 1200mg</b>			
DIAGNOSIS						
INSTRUCTIONS TO PATIENT <b>As above</b>						
DISCHARGE DATE <b>9/27/04</b>		TIME <b>500</b> <b>AM</b>	RELEASE / TRANSFERRED TO <b>ECF</b>		CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL	
NURSE'S SIGNATURE <b>Sutton</b>		DATE <b>9/27/04</b>	PHYSICIAN'S SIGNATURE <b>[Signature]</b>		DATE <b>9/27/04</b>	
INMATE NAME (LAST, FIRST, MIDDLE) <b>Reed, Earnest</b>				DOC# <b>111914</b>	DOB <b>11/23/55</b>	R/S <b>W/m</b>
				FAC. <b>ECF</b>		

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## EMERGENCY

ADMISSION DATE <u>4/12/04</u> TIME <u>530</u> <u>AM</u> <u>PM</u>		ORIGINATING FACILITY <u>Easterling</u> <input type="checkbox"/> SIR <input type="checkbox"/> PDL <input type="checkbox"/> ESCAPEE <input type="checkbox"/>		<input checked="" type="checkbox"/> SICK CALL <input type="checkbox"/> EMERGENCY <input type="checkbox"/> OUTPATIENT	
ALLERGIES <u>NKDA</u> <u>WT 184</u>		CONDITION ON ADMISSION <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA			
VITAL SIGNS: TEMP <u>98.6</u> ORAL RECTAL		RESP. <u>20</u>		PULSE <u>92</u> B/P <u>140/80</u> RECHECK IF SYSTOLIC <u>100</u> > 50	
NATURE OF INJURY OR ILLNESS <u>S-11 Doc bodychart</u>		ABRASION ///    CONTUSION #    BURN <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> FRACTURE <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> LACERATION / SUTURES			
<u>O-Blm to Hcu. 410x3. Skin warm et dry to touch. Resp even et unlabored. No injuries noted. Denies any other injuries. No acute distress noted. No Gc forced.</u>					
PHYSICAL EXAMINATION <u>A-DOC bodychart</u> <u>P-Release to DOC.</u> <u>R/C prn.</u>		ORDERS / MEDICATIONS / IV FLUIDS <div style="border: 1px solid black; height: 100px; width: 100%;"></div>			
DIAGNOSIS		TIME    BY			
INSTRUCTIONS TO PATIENT <u>As above</u>					
DISCHARGE DATE <u>4/12/04</u> TIME <u>538</u> <u>AM</u> <u>PM</u>		RELEASE / TRANSFERRED TO <u>X</u> <u>DOC</u> <input type="checkbox"/> AMBULANCE <input type="checkbox"/>		CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL	
NURSE'S SIGNATURE <u>Scotty</u> DATE <u>4/12/04</u>		PHYSICIAN'S SIGNATURE <u>4-13-04</u> DATE <u>4-13-04</u>		CONSULTATION	
INMATE NAME (LAST, FIRST, MIDDLE) <u>Reese Edward</u>		DOC# <u>190031</u>		DOB <u>7-26-78</u> R/S <u>B/m</u> FAC. <u>ECF</u>	



## INFIRMARY NURSING PROGRESS NOTES

Date/Time

12/15/03 10<sup>PM</sup> P. Allen to HealthCare giv. Reid to Eustice & Sher

INMATE NAME (LAST, FIRST, MIDDLE)

Reid Earnest

DOC#

111914

DOB

11/23/33

R/S

W/M

FAC.

Eustice



## PRISON HEALTH SERVICES

## Physician's Chronic Care Clinic

Date: 9/19/05 Time: 830 Facility: ECFCheck all applicable CIC's being evaluated: Card/HTN DM GI ID PUL SZ TB**SUBJECTIVE:** 49 ym m ca new c/o usual today 12/9/06**OBJECTIVE:** BP 110/72 HR 70 RR 16 Temp 97.8 Wt 208 Peak Flow     

NOTE: PE findings for CIC patients should be disease-specific and focused on prevention of end-organ

Complications: DM-eye ground, skin, cardiopulmonary, extremities; HTN/Card-eye grounds, Cardiopulmonary, abdomen, extremities; ID-all systems; PUL-HEENT, Cardiopulmonary, A/P ratio; SZ-HEENT, neurological; GI-abdomen.

NO USS AXK3HEENT w/ normalCU R22unw cnaabd soft w hepatomegalyEXT GEC (R) (L) slight edema w/ P. Hyg**ASSESSMENT:** Circle the appropriate Degree of Control and Status for each clinic monitored during today's

Visit. Degree of Control: G=Good, F=Fair, P=Poor

Status: I=Improved, S=Stable, W=Worsened

DM			HTN/CARD			SZ			PUL			ID			GI			OTHER		
Degree of Control			Degree of Control			Degree of Control			Degree of Control			Degree of Control			Degree of Control			Degree of Control		
G	F	P	G	F	P	G	F	P	G	F	P	G	F	P	G	F	P	G	F	P
Status			Status			Status			Status			Status			Status			Status		
I	S	W	I	S	W	I	S	W	I	S	W	I	S	W	I	S	W	I	S	W

**PLAN:**Repeat DP II BastingRenew Zantac 150mg TID PO BID X 180 daysF/U: Routine 90 days: ✓ Other     Problem List Updated: (Yes) NoPFH. w/ HygienePFCC for betterJ. L. L. C. M. P.  
Physician/NP/PAReed, Earnest

NAME

111914

AIS#

M  
GENDERW  
RACE11/23/55  
DOB

## PRISON HEALTH SERVICES

## Nurse's Chronic Care Clinic

Date: 9/19/05 Time: 830 Facility: ECFCheck all applicable CICs being evaluated: Card/HTN DM GI ID PUL SZ TBVital Signs: BP 101/72 P 70 R 16 T 97.8O<sub>2</sub> Sat 96%

Hep. C

SUBJECTIVE:For diabetic patients, list the # of hypoglycemic reactions since the last CIC visit:    Dates:   

See attached for monofilament check.

For asthma patients, list the # of asthma attack visits since the last CIC visit:    Dates:   For seizure patients, list the # of witnessed seizures since the last CIC visits:    Dates:   ALLERGIES: NKDA CURRENT DIET: Reg -MEDICATIONS: See belowDESCRIBE MED AND DIET ADHERANCE:   DESCRIBE ANY MED SIDE EFFECTS:   VACCINES: Flu    Pneumovax    Hep A    Hep B   For asthma pts, list the number of short-acting inhaler canisters refilled in the past month.   

(\*This should equate to one inhaler per month.)

Lab/Diagnostic test(s) w/ date(s): HbA1c    on   : CD4 & HIV-RNA    /    on   :Peak Flow   : LFTs    on   ; Serum Drug Levels    on   ; EKG 11/05; CXR   :

Medications:

Zantac① 9/17/05

Patient Educated on:

Inmate Signature Earnest ReedNurses Signature and Title SBushnerReed, Earnest

NAME

M

GENDER

W

RACE

11/19/14

AIS

11/23/55

DOB





DEPARTMENT OF CORRECTIONS  
NURSE'S  
CHRONIC CARE CLINIC  
SPECIAL NEEDS

DATE	TIME		DATE ORDERED	TIME ORDERED	
02/17/05	1:31 PM	S: 30 DAY CHRONIC CARE CLINIC			ALLERGIES
		O: VS 97° P 60 R 16			UCA
		BP 110/80 WT 215			
		0 abd pain			
		0 rash			
		NO N/V/D			P: LABS
		UA, BSE			0
		skin w/d			
					ORDERS:
					0
					MEDICATION:
					0
					F/U CCC WITH NURSE EVERY 90 DAYS.
					F/U CCC WITH MD EVERY 90 DAYS.
					SIGNATURE:
		Earnest Reed			07/24

INMATE NAME	D.O.B.	AGE	RACE/SEX	ID #
Reed, Earnest	1/23/55	49	WM	111914

## PRISON HEALTH SERVICES

## Physician's Chronic Care Clinic

Date: 7/7/05 Time: 8am Facility: EasterlingCheck all applicable CIC's being evaluated: Card/HTN DM GI ID PUL SZ TBSUBJECTIVE:r/f Hep C  
Age 62OBJECTIVE: BP 120/72 HR 68 RR 18 Temp 96.2 Wt 211 Peak Flow \_\_\_\_\_

NOTE: PE findings for CIC patients should be disease-specific and focused on prevention of end-organ

Complications: DM-eye ground, skin, cardiopulmonary, extremities; HTN/Card-eye grounds, Cardiopulmonary, abdomen, extremities; ID-all systems; PUL-HEENT, Cardiopulmonary, A/P ratio; SZ-HEENT, neurological; GI-abdomen.

HEAD, VEXHEENT: Normal, clearCnx: LTAHEENT: NormalHEENT: Normal  
x 2nd Hx  
Normal: intactSyst: 22Syst: 22Diast: 14Diast: 1-3Diast: 2-41/2 = 15141/21  
3-6/0.9**ASSESSMENT:** Circle the appropriate Degree of Control and Status for each clinic monitored during today's Visit. Degree of Control: G=Good, F=Fair, P=Poor  
Status: I=Improved, S=Stable, W=Worsened

DM	HTN/CARD	SZ	PUL	ID	<u>GI</u>	OTHER
Degree of Control	Degree of Control	Degree of Control	Degree of Control	Degree of Control	Degree of Control	Degree of Control
G F P	G F P	G F P	G F P	G F P	G <u>F</u> P	G F P
Status	Status	Status	Status	Status	Status	Status
I S W	I S W	I S W	I S W	I S W	I <u>S</u> W	I S W

**PLAN:** Inform about risk of transmission  
No Rx indicated.F/U: Routine 90 days: \_\_\_\_\_ Other 6 months Problem List Updated: Yes NoA. M.D.  
Physician/NP/PAReed Earnest

NAME

M  
GENDERW  
RACE111914  
AIS#11/23/55  
DOB

DEPARTMENT OF CORRECTIONS  
NURSE'S  
CHRONIC CARE CLINIC  
SPECIAL NEEDS

DATE	TIME		DATE ORDERED	TIME ORDERED	
02/17/05	1:31 PM	S: 30 DAY CHRONIC CARE CLINIC			ALLERGIES UCA
		O: VS 99° P 68 R 16			
		BP 118/80 WT 215			
		0 abd pain			
		0 rash			
		NO N/V/D			P: LABS 0
		UA, B524			
		skin w/d			
					ORDERS: 0
					MEDICATION: 0
					F/U CCC WITH NURSE EVERY 90 DAYS.
					F/U CCC WITH MD EVERY 90 DAYS.
		Earnest Reed			SIGNATURE: [Signature]

INMATE NAME	D.O.B.	AGE	RACE/SEX	ID #
Reed, Earnest	1/13/55	49	WM	111914



## PHYSICIANS' ORDERS

NAME:  D.O.B. / / ALLERGIES:  Use Last Date / /	DIAGNOSIS (If Chg'd)   <input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME:  D.O.B. / / ALLERGIES:  Use Fourth Date / /	DIAGNOSIS (If Chg'd)   <input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME: Reed Ernest D.O.B. 11/23/55 ALLERGIES: NKDA Use Third Date 10/17/05	DIAGNOSIS (If Chg'd) M. 26 by upper teeth - working for sed. Soft Diet X 90 days Bengay BID PRN X 14 days Painexone II to BID PRN X 30 days <input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME: Reed Ernest # 111914 D.O.B. 11/23/55 ALLERGIES: NKDA Use Second Date 9/12/05	DIAGNOSIS (If Chg'd) GERD. Zantac 75 X 90 days Bid <input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME: Reed Ernest 111914 D.O.B. 11/23/55 ALLERGIES: NKDA Use First Date 9/19/05	DIAGNOSIS Hep C + Zantac 150mg TID BID X 14 days OP II fasting done <input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED

MEDICAL RECORDS COPY



## PHYSICIANS' ORDERS

NAME: Reed Earnest D.O.B. 11/23/55 ALLERGIES: NKDA Use Last Date 11/10/04 <i>Noted 11/10/04</i>	DIAGNOSIS (If Chg'd) Add binder for ventral hernia to keep Barton back, no prolonged standing, no heavy lifting X 6 Months <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Reed Earnest 111914 D.O.B. 11/23/55 ALLERGIES: NKDA Use Fourth Date 9/27/04 <i>Noted 9/27/04</i>	DIAGNOSIS (If Chg'd) Sudafed 100mg BID X 5 days Motrin 600mg BID X 5 days Guaifenesin Syrup 2 tsp BID X 3 days VO Dr. Barbaune / 12/04 <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Reed Earnest D.O.B. 11/23/55 ALLERGIES: NKDA Use Third Date 7/13/04 10AM <i>Noted 7/13/04</i>	DIAGNOSIS (If Chg'd) HbA, c. <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Reed Earnest # 111914 D.O.B. 11/23/55 ALLERGIES: NKDA Use Second Date 7/10/04 <i>Noted 7/10/04</i>	DIAGNOSIS (If Chg'd) Acetaminophen BID (fasting, not after meal) X 3 days Add binder for hernia to keep Barton back, no prolonged standing, no heavy lifting X 6 Months - slide profile X 30 days <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Reed Earnest D.O.B. 11/23/55 ALLERGIES: NKDA Use First Date 6/13/04 <i>Noted 6/13/04</i>	DIAGNOSIS Diagnostic profile II before appt. <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED